DOCUMENT RESUME

ED 435 056 CG 029 489

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TITLE Cultural Differences and Similarities in Terms of Child and Adolescent Psychopathology.
PUB DATE 1999-09-00
NOTE 24p.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Biological Influences; Child Development; Children; Context Effect; *Cultural Influences; *Culture; Family Life; Minority Group Influences; Psychological Patterns; *Psychopathology
IDENTIFIERS Cultural Universals; *Universalism

ABSTRACT

This study investigates the controversy over whether or not culture has an effect on child and adolescent psychopathology. It presents the two opposing positions held in the field. The "universalists" argue that child and adolescent psychopathology is significantly similar across cultures. The "culturalists" argue that culture is a strikingly important factor when it comes to psychopathology. The study suggests that more cross-cultural studies of child and adolescent psychopathology are needed to make definite conclusions about the debate among the researchers since both sides are right to some degree. It suggests that the debate may not be a valid topic because some psychopathology can have a strong biological base and another psychopathology can have strong cultural influences. In addition, culture is too vague and global an area to study because it includes religion, community, socioeconomic status, and ethnicity. Before studies in culture could be conclusive, the topic would have to be described in more specific terms (i.e., religion or region). The paper concludes with some recommendations for successful multicultural therapy. Open-mindedness and cultural empathy are essential. Cultural empathy can be accomplished in three processes: knowing the background of the client, sensitively sharing the pain of the client, and expressing genuine concern and care for the client. (Contains 41 references.) (JDM)

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ED 435 056

Cultural Differences and Similarities in Terms of Child and Adolescent Psychopathology

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Cultural Differences and Similarities in Terms of Child and Adolescent Psychopathology

Child and adolescent psychopathology has been a focus of debate for many years. On one side, scholars argue that culture is a strikingly important factor when it comes to child and adolescent psychopathology (Fabrega & Miller, 1995; Lewis-Fernandez & Kleinman, 1994). Scholars on the other side argue that overall child and adolescent psychopathology is significantly similar across cultures (Bird, 1996; Takahashi, 1997; Weine, Philips, & Achenbach, 1995; Weisz & Eastman, 1995). Draguns (1997) named the former "culturalist" (p. 214) and the latter "universalist" (p. 215). In this paper, the author would like to investigate this debate in the following order. First, the universalist's arguments will be shown. Second, the culturalist's arguments will be introduced. Third, the methodological issues will be investigated. Fourth, conclusions and several recommendations to American therapists and counselors will be stated.

1. The Universalists

The universalists assume that child and adolescent psychopathology is basically the same across cultures. This view has been represented as the European-American style of mental health service and has spread to other parts of the world (Draguns, 1997). The author personally thinks that this view also came from the fact that, across cultures, all humans share the same brain structure. The argument is based on empirical findings that the major disorders of child and adolescent psychopathology are found all over the world. Weine, Philips, and Achenbach (1995) found that Chinese and American children, ages 6 to 13, have no significant differences in their total scores on the Child Behavior Checklist (CBCL). Weisz, Eastman, Chaiyasit, and Suwanlert (1997) compared child psychopathology in Thailand and the U.S. and concluded, "cultures that differ markedly in beliefs and child-rearing practices may nonetheless be very similar in the presence of various child problems" (p. 573). Weisz and Eastman (1995) reviewed 13 different cross-national research studies on child and

adolescent psychopathology, concluding that they were "impressed by the cross-national similarities they reveal more than differences" (p. 46). They also wrote,

> Indeed, where significant cross-national differences have been examined in the light of Cohen's (1988) criteria for magnitude, nearly all such nationality effects have been 'small', i.e., accounting for less than 6 per cent of the variance (p. 46).

Also, national suicide rates have been used to show the commonality of depression across cultures. Takahashi (1997) argued that "there are more similarities than differences in suicide between different cultures" (p. 138), although anthropologists had over-emphasized cultural differences. Bird (1996) reviewed past cross-national research which used the CBCL in Chile, the Netherlands, Thailand, Australia, Puerto Rico, Kenya, France, Jamaica, Belgium, Greece, Germany, and China. In his findings he stated,

> Although it may still be premature to make any major generalizations based on these findings, all of the indications are that in these cross-cultural comparisons there are great similarities in the characteristics of psychopathology manifested in different settings, albeit the differences that may exist in the rates of symptomatology (p. 36).

Nucci (1997) argued that self-construal is attributed to the Western version of the dichotomous self, saying "personality is not an intervention of Western culture but a psychological necessity for the establishment of the social self" (p. 15). Nucci's hypothesis is that child psychopathology occurs because of parental over-control of the personal domains of the dichotomous self in children and adolescents.

In summary, universalists argue that although there are cross-cultural differences in child and adolescent psychopathology, there are many more similarities than differences.

2. The Culturalists

The culturalists argue that culture shapes its belonging members' concept of self (Markus & Kitayama, 1991), their psychological framework, and psychopathology (Fabrega & Miller, 1995; Kitayama, 1997; Lewis-Fernandez & Kleinman, 1994; Miller, 1999). Lewis-Fernandez and Kleinman (1994) stated that psychology has been dominated by the "White, male, Anglo-Germanic, Protestant, and formally educated and who share a middle- and upper-middle-class cultural orientation" (p. 67). In other words, these dominant people decide the norms and the standard, right or wrong, normal and abnormal. Those things which do not fit the dominant people's mind-set are regarded as abnormal and strange. Traditionally, in the mainstream psychologists' mind-set, mind and matter are totally different things (i.e., dualism). Therefore, the mainstream psychologists tend to classify psychopathology and organic disease as two distinctively different disorders. However, "the great majority of the world's people" (p. 67) who don't know mainstream psychologists' ideology have a non-dualistic model of human existence. For them, human suffering is "integrated, somatopsychological mode: as simultaneous mind and body distress" (p. 67).

Markus and Kitayama (1991) mentioned that there are at least two different self systems on this small planet. The first one fits the standard of the mainstream psychologists' mind set: an independent self (i.e., dichotomous self). In this self system, the self is supposed to be independent, autonomous, and dichotomous. The other type is called interdependent self which is common in Non-Western societies. In this system, an individual cannot become independent (i.e., independence is an illusion, and interdependence is reality - one of the main philosophies of Buddhism). Where the mainstream psychologists think that self-construal should be constant across any social context, many Asians who believe in the interdependent self system, think that self-construal should be flexible according to the social context. For example, one of the typical questions on a personality test in the mainstream psychological model, "Are you outgoing ?" in Likert scale format does not make much sense

to many Asians. They need to know a detailed social context for this kind of question. Although the mainstream psychologists make more detailed questions, (i.e., "In your classroom, you know the exact answer to the teacher's question, will you raise your hand voluntarily?"), Asians need more information. For those who live as an interdependent-self, the social relationship is crucial to their understanding.

Therefore, they are supposed to behave as an introvert in one situation and an extrovert in another, depending on the social context. For example, even if one boy knows the answer for the question, if he has already answered many questions, he will not raise his hand. In group activities, if the assignment is very difficult and no one wants to answer the question, he should raise his hand because he is a boy (i.e., gender roles). Therefore, many of the mainstream psychological standard personality questions do not make sense to Asians. However, Asians answer because it is not nice to skip the questionnaires. It is possible that every examinee mentally sets up his/her own social context in order to answer the vague questions provided by the mainstream psychologists.

On the other hand, the Japanese can appreciate vagueness in some areas, whereas Americans may not like to be vague. Americans like dichotomous thinking: they like "yes-no," "good-bad", "normal-abnormal," in clear-cut thinking. However, vague things are appreciated in Japan. Much of Japanese pottery and clay artwork demonstrate a specialized technique of vague coloring and cracking in which most Americans may have a hard time appreciating. The author has been trained in American undergraduate and graduate schools for eight years and has seen that clear-cut thinking is the foundation of the American mind. Therefore, personality in the American mind must be fixed and have clear boundaries within the self and with others. Almost any social system in America is built upon this fixed, independent self ideology. In American English, there are many vocabulary words as reminders that the self must be dichotomous and alone, such as "self-esteem," "self-efficacy," "self-worth," "self-actualization," "self-reliance," "self-confidence," etc. Americans speak about these terms almost everyday. In the Japanese language, the subject

"I" is usually omitted from the sentence. The author supposes that the Japanese language omits the subject "I" in order to blur the distinction between self and others.

Christianity is also based on this independent self system. Christianity asks an individual, "Do you accept that Jesus Christ died for your sins? Do you accept Him as your personal Savior ?" This question does not make much sense to those who live in the interdependent self system. They usually ask, "If I say 'yes,' how about my parents and siblings ?" Then, Christianity responds, "It is not your business. They must make their own decisions. You simply think about your personal relationship with God. Pay attention to your own salvation." Therefore, spreading Christianity also causes the spread of the independent self system.

Child raising methods are also different between the two systems. Many Japanese children sleep with their parents until entering elementary school. After entering elementary school, they sleep with their siblings. In America, children must sleep by themselves in their own rooms. Obviously, mother-child self distinctions are different in the U.S. and Japan. The Japanese psychiatrist, Takahashi (1997) wrote about an incident where a depressed mother killed herself and her children:

> Emotionally, however, Japanese regard this as extended suicide in which the mother does not kill unrelated individuals but destroys "part of herself." The border between the mother and her children is very obscure, and even a delusional symbiotic bond is sometimes observed (p. 143).

In Japan, punishment for children is having the child stand out in front of the house. This is imposed in order to show the child that his/her belongingness to the family is in danger. For those who live with an interdependent self, losing human relationship is one of the greatest fears. In America, punishment for children is to confine them to their rooms in order to show that they can not have complete autonomy (i.e., for the independent self,

autonomy is very important). Tobin, Wu, and Davidson (1989) asked the same question of parents in American and Japanese preschools: "What are the most important things for children to learn in preschools?" Thirty-four percent of Americans and 11% of Japanese parents chose, "self-reliance/self-confidence." Five percent of American and 31 % of Japanese parents chose, "sympathy/empathy/concern for others." Children in Japan who exhibit much "self-reliance/self-confidence" are corrected by teachers. On the other hand, American children who show much "sympathy/empathy/concern for others" are not appreciated because they are often regarded as having a weak personality.

Chen, Rubin, and Li (1995) found that oversensitivity (from the American perspective) correlates highly with social maladjustment in American children and leadership and school competence in Chinese children in Shanghai. American psychologists think that a strong, fixed, dichotomous personality is normal. Therefore, Americans over-exaggerate almost everything in order to demonstrate that they have a strong personality. Instead of saying, "I like your T-shirt," they say "I love your T-shirt." Instead of saying, "I watched that movie several times," they say "I watched that movie millions of times." These statements are made in order to create the impression of a strong personality which is rarely influenced by social context. In other words, in the ideology of the independent self, "giving-in" means a weak personality, but in the ideology of the interdependent self, "giving-in" means flexibility and a maturing personality (Markus & Kitayama, 1991).

Dr. Gerber, professor and chair of the graduate psychology program at Seattle University, commented as follows, after he had seen many Asian patients in his therapy practice:

> Sensing the way some Asian peoples feel themselves more as one thread of the fabric of living systems that constitute the world and mingle with the spirits of other threads of people and place, makes me think again how we are isolated--body, mind and spirit--from the world in which we live. Our notion of the self seems to have little

room in it for extended family or the physical environment or the socio-political world (Gerber, 1994, p. 288).

Industrialization also molds the Non-westerner's self concept into a more dichotomous way of being. With the expansion of industrialization, people tended to own more things which belong not to family but to the person individually. For example, a family used to own one car or one TV which was shared by all family members. But now, each individual can own his/her own car or TV. In order to have a baby, we used to need both a man and a woman. Nowadays, a rich woman who just wants a baby actually can accomplish this by buying sperm from a sperm bank. In short, industrialization moves people's mindset from "interdependent self" to dichotomous self. Although Nucci (1997) wrote, "personal self is not an intervention of Western culture," (p. 15) in fact, the personal self has been imported to Non-western countries through Westernization (i.e., spread of Christianity, prevalent usage of English language, and industrialization).

Gerber (1994) found that his clients from Southeast Asia started to exhibit psychopathology because they lost their meaningful connections with others, their environments, and the socio-political world. The Chinese also began to exhibit psychopathology when they lost connections with others for some reason and could not keep reciprocal relations with others (c.f., Lewis-Fernandez & Kleinman, 1994). The author suggests that the this applies to the Japanese as well.

Fabrega and Miller (1995) pointed out the eating disorders are one typical Western adolescent "psychopathology" which is heavily influenced by the culture. When thinking about an eating disorder, the concept of beauty must be contemplated first. For better or worse, the concept of beauty also is part of the debate regarding biology vs. culture. Some scholars argue that the concept of beauty is biologically determined. For example, most people regard the computer generated average face as the most attractive among all the individual pictures of the human face (Langlois & Roggman, 1990; Langlois, Roggman, &

Musselman, 1994). Sociobiologists argue that this finding means that any face which is deviant from the average is a sign of a possible genetic mutation or some kind of disease. Humans prefer the average face as most attractive.

However, others argue that the concept of beauty changes over time and place. Kalat (1996) wrote that the image of a beautiful woman used to be one that was much fatter than the image of a beautiful woman of today in many cultures, including Western societies (e.g., Botticelli's "Birth of Venus"). One key symptom of eating disorders, "fear of fatness," did not appear in Western nations until the 1930s (Fabrega & Miller, 1995). Fromm (1956) wrote about the cultural influence of physical attractiveness:

> What specifically makes a person attractive depends on the fashion of the time, physically as well as mentally. During the twenties, a drinking and smoking girl, tough and sexy, was attractive; today the fashion demands more domesticity and coyness (p. 3).

Eating disorders used to appear and were studied only in Western societies (Fabrega & Miller, 1995). However, new studies have shown that eating disorders clearly contain strong cultural factors. Holden and Robinson (1988) found that Non-White girls who were raised by White foster mothers tended to have more eating disorders than a control group of Non-White girls with Non-White mothers. Some Japanese exchange female students were found to develop eating disorders during their stay in the U.S. (Furukawa, 1994). Mukai and McCloskey (1996) found that rural Japanese elementary school girls did not show any strange eating attitudes, although American elementary girls did. Hooper and Garner (1986) reported that White Zimbabwe girls have a higher frequency of eating disorders than mixed-race Zimbabwe girls, who have a higher frequency of eating disorders than Black Zimbabwe girls. Rand and Kuldau (1990) reported that African American women picture women's ideal body shape as larger than White women.

In contemplating these facts, Harris and Kuba (1997) argue that eating disorders have a strong relationship with one's ethnocultural identity. They think "eating disorder can be understood as a metaphor for a young woman's self-destructiveness related to a rejection of her ethnoculture" (p. 342). They concluded that Non-White girls learn from White cultures and try to follow the White standard of thinness, they then begin to have eating disorders.

In summary, the culturalists argue that although there are cross-cultural similarities in child and adolescent psychopathology, differences are more overwhelming than similarities because the fundamental psychological concepts are different across cultures, and culture decides what is normal and desirable (e.g., eating disorder).

3. Methodological Issues

A. Definitions of Child and Adolescent Psychopathology

There is no consensus about a "most valid definition" (Canino, Bird, & Canino, 1997, p. 260) of child and adolescent psychopathology in academia. Although DSM-IV tried to define disorders operationally and descriptively, many of these descriptions could be applied to many normal children and adolescents (e.g., the vague meaning of "often"). Philosophically, the universalists believe it is possible to formulate a universal definition of psychopathology, but the culturalists do not. The "neurasthenia" in China could be a good example. "Neurasthenia" is described as "an obsolescent term for a state of fatigue and weakness, often with accompanying intestinal distress, headaches, irritability and insomnia. Once thought to be due to weakness in the nerves (hence the name), it is now regarded as a functional disorder" (Reber, 1985, p. 470). However, Kleinman (1982) concluded that "neurasthenia" is actually depression in the Chinese version because of somatization. Markus, Kitayama, and VandenBos (1996) explained both somatization and emotionalization. For example, loss of a loved one causes Americans to have depression since emotionalization is a culturally appropriate response for Americans. For Asians, the

loss of a loved one tends to cause headaches, chest pains, or other physical symptoms because somatization is a culturally appropriate response. Psychiatrists in mainland China have claimed that neurasthenia is distinctively different from depression (Draguns, 1997). In summary, the culturalists believe there are culturally specific psychopathologies, although the universalists believe that culturally specific psychopathology is a modified version of Western psychopathology.

B. Emic vs. Etic Research Methods

There are two main methodologies: emic and etic approaches.

Etic Research Approach

The universalists like the etic approach because it is based on "concepts, methods, and measures which are presumably appropriate and applicable everywhere" (Draguns, 1997, p. 216). Therefore, the etic approach tries to use specific questionnaires and diagnosis systems across different cultures (i.e., quantitative study).

Emic Research Approach: Why the culturalists do not use the etic approach.

Although the universalists believe that psychopathology is measurable across cultures in Western versions of questionnaires, the questionnaires themselves involve specific value-checking. Good (1996) pointed out that "psychiatric knowledge and prototypes of psychiatric disorders derive from work with middle class" (p. 131) who are mostly White Americans in the U.S. In addition, the author could not find a single Asian or native American name in the task force list in DSM-IV. Good (1996) wrote that there are high rates of misdiagnosis on recent immigrants, minority populations, the poor, and those who live in the margin of American society. Obviously, the majority of psychologists and psychiatrists have grown up in Euro-American societies. In this society, normality is based on the independent-self system which implies individualism, independence, and freedom as its core values. In this ideology,

every human being should be independent from others, and should have a strong personality which is not influenced by social context, and he or she should join in the "pursuit of (individual) happiness. Therefore, it is understandable that there is no diagnosis of "Self Obsession Disorder" in DSM-IV because the ideology of American society encourages people to behave self-centeredly. In short, "Self Obsession Disorder" is not considered psychopathology in American culture because of its specific core values. Therefore, the culturalists do not accept the usage of Western questionnaires in intercultural studies to identify child and adolescent psychopathology. Therefore, the culturalists like the emic research approach

The emic approach uses "investigation which is rooted in culturally indigenous concepts and worldviews." (Draguns, 1997, p. 216). Emic researchers like to use qualitative and descriptive research methods which favor finding specific psychopathology within that culture.

The universalists tend to use etic approaches while the culturalists tend to use emic approaches. The results usually support their own hypotheses. In other words, researchers tend to choose a methodological approach which tends to support their hypotheses.

C. Translation and Equivalence of Constructs

The CBCL was most commonly used in the etic approach to child and adolescent psychopathology (Weisz & Eastman, 1995). However, many cross-cultural studies did not mention the translation process in any detail. Weisz and Eastman (1995) wrote that they did three rounds of translation and back-translation procedures in order to gain an "acceptable parallelism" (p. 61). In using the CBCL in their cross-cultural study between America and Thailand, Weisz, Eastman, Chaiyasit, and Suwanlert (1997) wrote,

> "disobedience," "unusually loud," "talks too much," and "swearing" are defined in terms of rather different specific child behaviors in one culture than in another (p. 586).

For example, disobedience in the U.S. typically means "overt and direct forms as refusing to comply and/or saying no" (p. 586), behaviors which are rare in Thai children. The Thai version of "disobedience" means "looking uninterested, or hesitating (and thus signaling unwillingness) before complying" (p. 568). Therefore, the same construct can imply different behaviors. Therefore, the translation process needs careful guidelines, and equivalence of constructs needs the extra attention of cross-cultural researchers.

However, even if equivalence of constructs is found in different cultures, there is still a problem with the issue of "equivalence of constructs" because some cultures allow much more freedom within the meaning of the constructs. For example, "I love you" is a statement which implies a lifetime commitment and marriage in the contemporary Japanese language system. However, in America this statement could have more than one meaning. It could mean the same as what it means in the Japanese language or it could mean a "simple emotional arousal statement between flirting teenagers" or "a good friendship greeting in Christian fellowship" or "busy parents' excuses for their children."

Chan, Gelfand, Triandis, and Tzeng (1996) studied agreeabilty of constructs among the American and the Japanese. They found that concepts related to emotional expression which are "anger," "passion," "hate," "sympathy," "sadness," "pain," and "laughter" were much more homogeneous among the Japanese than among the Americans. It is clear that the issue of "equivalence of constructs" is strikingly difficult because it involves characteristics of target cultures.

D. Differences in Adults' Judgments upon a Child

Weisz, Eastman, Chaiyasit, and Suwanlert (1997) mentioned that child psychopathology has two components. One is the child's actual behavior and the adult's judgments about the child's behavior. In their cross-cultural study comparing Thailand and the U.S., they calculated a mean score to the question, "How serious is this child's problem?," rating from 1 (not serious at all) to 7 (very serious). Thai psychologists tend to label the target behavior of the child much more psychopathologically than Thai teachers and parents. However, American psychologists tend to assume the target behavior of the child as much less psychopathological than American teachers and parents. Therefore, psychopathology could have different thresholds in each culture. For example, the child who is diagnosed as "unusually loud" in Thailand may not be diagnosed that way at all in the U.S.

E. Limited Array of Methodology in Etic Approach

Almost all etic approaches in child psychopathology have been used exclusively with the CBCL. Actually, the CBCL has been translated into 33 languages and used in research in 16 different cultures (Drotar, Stein, & Perrin, 1995). However, using one specific measurement gives rise to doubts about "which of our finding may be method-specific, artifacts of particular features of this particular measure" (Weisz & Eastman, 1995, p. 60). Drotar, Stein, and Perrin (1995) pointed out several problems with the CBCL. For example, children in low SES homes or those who are physically handicapped are generally diagnosed as socially incompetent according to the manual of the CBCL. As another example, there is a difficulty in interpreting physical symptoms. Children's "headache," "stomach ache," "vomiting," and so on are difficult to interpret as a sign of psychopathology or physical disease (in the Western classification system). Although the CBCL is a well developed measurement of child psychopathology, it is dangerous to rely on only one measurement.

F. Problem of Self-Report

The majority of self-report questionnaires in cross-cultural studies have shared a format which demands self-description in rigid (e.g., true-false or agree-disagree) terms without giving any social context. Although Euro-Americans are familiar with this format, not all people on this small planet are. At the very least, the Japanese people have trouble answering self-report questions without a given social context. In addition, there are cultural differences in answering rating scales. Chen, Lee, and Stevenson (1995) used American, Canadian, Taiwanese, and Japanese 11th grade high school students in investigating how they rated "a broad range of topics covering ideas, values, attitudes, beliefs, and self-evaluations related to school and daily life" (p. 171). The measure they used was scaled on a fifty seven-point Likert scale. The results showed that Canadian and American students tend to use extreme scores (1 or 7) and not to use mid scores, whereas Japanese and Taiwanese students tend to use the middle scores. American students, in particular, tend to choose the extreme ends of a scale, much more so than any of the other three groups.

There are three possible interpretations of this result. First, there is the difference in self-construals (i.e., independent self vs. interdependent self). Those who live within the independent self culture need to distinguish themselves from others, and an extreme response is socially desirable in order to prove having a (socially acceptable) strong personality. Those who live in an interdependent self culture try not to show strong opinions on almost all subjects because showing strong opinions may hurt other people. Second, Buddhism teaches that choosing the midpoint is the essence of human life. Third, some of the Japanese and Taiwanese were not sure how to answer the questionnaires because some questions might not have a social context. In those cases, they chose the midpoint. In Japan, people tend to answer "so-so" when they don't understand the questions. Interestingly, the largest differences between American and Japanese responses occurred with the usage of the midpoint in questions of "social and physical self-concept" (p. 173). Therefore, using

Western self-report could not be appropriate in investigating adolescent psychopathology across cultures.

G. Problems in Personal Interviews

Investigation of child and adolescent psychopathology by collecting biographical data using personal interviews also includes two major problems. First, communication patterns are distinctively different across cultures. For example, direct questioning in an American interview is regarded as obnoxious in other cultures (Draguns, 1997; Takahashi, 1997). For example, gazing into the interviewer's eyes means trust and sincerity in the American communication style, but it is inappropriate in the Japanese culture. Therefore, American researchers of adolescent psychopathology may assume that many Japanese adolescents suffer from anxiety disorders or social incompetence or low self-esteem, and they could make this assumption based on communication style. In addition, physical distance between interviewer and interviewee also is different across cultures. Comparing Mexican and Texan interviewers, Texan interviewers are regarded as cold and detached by Mexican interviewers. However, Mexican interviewers are regarded as highly interactive and overly warm by Texan interviewers (Draguns, 1997). Therefore, the characteristics of the interviewer should also be considered.

H. What is Culture, Anyway?

Some people simply think that culture is different from nation to nation. However, culture is a more complicated variable than a simple nation-based classification would suggest. First, Matsumoto (1996) pointed out that individual differences within the people of the same nationality should be investigated . McLemore and Romo (1998) wrote that Hispanic and Native American people emphasized living in a collectivist culture, even though the U.S. is usually regarded as an individualistic country. Second, Marshall (1997) found that within-culture differences could be significant based on socio economic status (SES).

For example, in using subjects from Indonesia and New Zealand, the higher the SES, the more people become individualistic. In addition, the lower the SES, the more people become collectivistic. Third, Ahmad, Waller, and Verduyn (1994) found out that religion is a strikingly strong factor in some cultures. Muslim and Hindu adolescents show more eating disorders than their White counterparts due to the religious requirements of eating patterns and fasting in the United Kingdom. Fourth, there could be a local culture within the standard culture of the majority. Luthar (1995) found that there are positive correlations between good peer relations and academic failure and disruptive behavior in inner city minority teenagers. Those minority adolescents have their own culture which is different from the majority standard. Therefore, culture is a complex and troublesome variable itself.

4. Conclusion and Some Recommendations for Therapists and Counselors

A. Conclusion

Definitely, we need more cross-cultural studies of child and adolescent psychopathology in order to make some conclusions about the debate among the universalists and the cuturalists. Interestingly, most of the culturally indigenous psychopathology (e.g., Latah, Susto, Amok, Taijin-Kyofusho, etc.) have both similar and different symptoms within their counterpart psychopathology in the Euro-American psychopathology ideology (Draguns, 1997). Clearly, both the universalists and the culturalists are right to some degree. Draguns (1997) concluded "the current approximation of truth lies somewhere in the middle" (p. 229).

Perhaps the debate over whether "child and adolescent psychopathology is pancultural" is not a valid debate topic because for two main reasons. First, some psychopathology (e.g., schizophrenia) may have a strong biological base and another psychopathology (e.g., eating disorder) may have strong cultural influences. If so, the real question is to investigate which psychopathologies are biologically based and which are

culturally based. Secondly, in addition to the first condition, "culture" is too vague and global a variable to study because it includes religion, micro-macro level of community, SES, ethnicity, etc. Therefore, it may be a good idea to break down this vague and global variable into other specific variables in order to determine specific cultural (e.g., religion) influences upon people's life and behaviors.

B. Some Recommendations to Therapists/Counselors

If possible, ethnicity of a therapist/counselor and a client should be matched (Herrick & Brown, 1999). But in reality, many therapists and counselors will have to deal with clients who come from different cultural backgrounds. Therefore, this section contains some recommendations for the success of multicultural therapy. First of all, open-mindedness is essential because clients in our multicultural society may have different self-systems, belief-systems, and culturally specific normality, value, and behavior orientations. Therefore, it is good to avoid implementing one's counseling techniques and to use existing knowledge. Ridley and Lingle (1996) emphasized cultural empathy to the clients for the success of multicultural therapy.

Cultural empathy has three processes. First is the cognitive process. Therapists/counselors should gather cultural information on clients from academic publications (i.e., anthropology, cross-cultural psychology, ethnic studies), consultation with experts, and families and friends of clients. Therapists/counselors should try to determine clients' communication style, behavior strategies, value systems, self-systems, etc.

Second is the affective process. Therapists/counselors try to perceive clients suffering and disturbed feelings. The author believes that real suffering may be something that some clients are unable to talk about with therapists/counselors. It may be easy for therapists/counselors to guess the client's suffering when both of them share similar life-experiences or life-history. However, there are times when therapists/counselors encounter clients who share virtually no similar life-experiences or life-history. In this case, sensitivity

is the key to success, but this capacity is underestimated in the American society because the American personality ideology defines a strong and healthy personality as one that does not conform to other forces (see Markus & Kitayama, 1994). Therefore, American therapists/counselors need to take extra effort to gain the capacity of sensitivity.

The third process is the communicative process. In this process, therapists/counselors should express their genuine care and empathy to the clients. However, this does not imply saying, "I genuinely care about you" to the client. American therapists/counselors also have a disadvantage in this process. Compared to the Japanese standard, the Euro-American society is characterized as a "verbalization" society. In other words, American people give lip service too much, enjoy over-exaggerated expressions, and abuse the language. The author agrees that heavy verbalization is Euro-Americans' effective communication strategy. However, there are many people who do not follow the over-verbalization strategy for effective communication. American therapists/counselors can show their care and concern for clients both verbally and nonverbally. Even if they decide to use the verbal method of expression, American therapists/counselors need extra care with their communication.

It is important for therapists/counselors to train themselves not to use words cheaply and easily in everyday life. The author believes that the word is a living being. If one person treats words with respect and care, the words that come from that person have a strong ability to communicate.

In summary, the key to multicultural therapy/counseling is empathy. Cultural empathy can be accomplished in three processes, knowing the background of the client, sensitively sharing the pain of the client, and expressing genuine concern and care for the client.

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